

VIRGINIA BEACH DEPARTMENT OF PUBLIC HEALTH
OFFICE OF ENVIRONMENTAL HEALTH SERVICES
4452 CORPORATION LANE
VIRGINIA BEACH, VA 23462
(757) 518-2646

APPLICATION FOR BARBER, HAIR DRESSING, NAILS OR TANNING

NOTE: This is not a permit to operate. Permits must be renewed annually. Operating without a permit may result in legal action. A COPY OF YOUR CURRENT BUSINESS LICENSE MUST BE SUBMITTED WITH THIS APPLICATION.

Application is hereby made for a permit to operate a nail, barber, beauty or tanning establishment. The following information is submitted.

Name of Establishment: _____ Date: _____

Address: _____
City State Zip

Phone: _____ Located in shopping center, if so name of center _____

New Shop () Existing Shop () Former Name: _____

Operation: Days of Week: _____ Water: Public () Private ()

Operating Hours: _____ to _____
a.m. p.m. Sewage: Public () Private ()

Operation Includes: Hair Dressing: _____ Tanning: _____ Nails: _____

As a condition for issuance of a Health Department permit, the following has been read and understood.

1. I understand that a fee of \$30.00 for EACH type of operation must accompany this application (e.g. a total of \$60.00 if operation consists of hair salon and tanning bed). A ten dollar (\$10.00) late fee will be charged for late payment.
2. I will read and be familiar with the laws, orders, rules and regulations, etc. governing barbering, cosmetology, nails or tanning in the City of Virginia Beach.
3. I will abide by the conditions of such laws, orders, rules and regulations.
4. I will freely permit any authorized agent of the Department of Health to inspect the premises under my control and at such time, will allow samples to be taken as may be necessary.
5. This permit is not transferable. The Virginia Beach Health Department must be notified immediately in case of change of name, ownership or location.

Signature

PLEASE PRINT CLEARLY:

Owners Name: _____ Corporation Name: _____

Owners Home Address: _____
City State Zip

Owners Home Phone: _____ Name of Operator/Manager: _____

HD USE ONLY:

EHS Permit Number Census Tract Check # Encounter #